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ABSTRACT

This document describes the situation of people 65 years and older in Denmark, Finland, Norway, and Sweden. There is growing concern in the Scandinavian countries with provision for the elderly in the future and the feeling that government involvement may not be as great in the future as it has been in the past. The growth of formal care, the changing family structure, and the relationship between formal and informal care of the elderly are addressed. Support to families who are providing care for their own elderly members is cited, and the use of home help as an example of formal care is discussed. Fifty-six references are listed, and the document concludes with an appendix that details the statistical variables used in a study on the use of home help among the aged reported in the document. (CML)

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COMMUNITY CARE OF THE AGED IN SCANDINAVIA

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THE ORGANIZATION AND ITS MISSION

The International Exchange Center on Gerontology is an organization of centers and programs for gerontological research and teaching in both public and private universities throughout Florida. The University of South Florida is the headquarters or "host institution" for the IECG. The Center is new, having received its permanent funding in 1982, and operates under a Director and an Advisory Board of representatives from the participating universities.

The purpose of the IECG is to make available to policymakers in the State the best information that can be secured on policies, programs, and services for the elderly. This means collecting and analyzing experiences in such areas as transportation, health care, income security, housing, social services, nutrition, and other subjects that have a significant meaning in the daily lives of our elderly citizens. To carry out this mission, the IECG must communicate with political leaders, program administrators, academic institutions, and with experts in gerontology throughout the United States and the world.

Special attention will be given to program innovations, and to experiences that reveal both strengths and weaknesses in various approaches that have been tried in addressing the aspirations and needs of the elderly. Careful and frank exchange of information, and thorough analysis of policies and programs by policymakers and specialists in higher education offer an opportunity for examination from both theoretical and practical perspectives.

Florida has a unique opportunity for leadership in this field through the Center. Its concentration of elderly persons, and innovative programs like community care for the elderly, demonstrate the possibilities for both give-and-take of experiences. With assured continuing support, a small but highly qualified staff and faculty available in higher education throughout Florida, the IECG can develop a program that will greatly benefit all states. The pressures on state leadership to come up with wise decisions in human services is especially intense under the changing federal emphasis. The initiative is shifting more and more to the states, as federal funding is reduced. Useful information exhange will help state leadership to make increasingly difficult choices among competing priorities for limited funds.

Against the backdrop of a future which will feature exponential economic growth in the State, the influx of growing numbers of persons of working age, and the continuing increase in the number of persons over 60, Florida's policymakers need the best intellectual resources and insights that can be tapped. As a center for collecting, analyzing, and disseminating information of this quality and depth, the higher education community can be of inestimable service to the political and administrative leadership of Florida. The IECG can serve as a vital link between the universities and colleges, and state and local governments.

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Foreword

The International Exchange Center is pleased to publish the following paper by Dr. Gerdt Sundstrom of the University of Stockholm. It formed the basis for his discussions at the University of South Florida in early April, 1985. The subject of Sundstrom's paper is uppermost in the policymaking and administrative circles of nearly every state in America, as well as of Washington itself. There is a growing tendency, even in the "welfare states" such as those in Scandinavia and not just our own, to restrain government spending, especially during the current period of fiscal austerity, slow economic growth, and a concern over population aging. This tendency is sanctioned by a doctrine driven by a vision of family care for the elderly in the past that should be revived for now and the future. Presumably, family or informal care is a cost-saving alternative to more formal "community" and institutionalized care.

The relationship of formal to informal care is carefully outlined by Sundstrom who also tells us that even before the expansion of the welfare state in Sweden, Norway, and Denmark, economic support by the family was not very extensive. This may well be the case in other countries, including our own.

The reader of this report might find interesting the author's portrait of household structures among the aged in Scandinavia which, for the most part, has already experienced "population aging." The elderly in Sweden, for example, constitute about 17 percent of that nation's elderly. In this respect, Florida is similar to Sweden, and that fact is one of the reasons that the International Exchange Center has been developing a program of exchange with Sweden.

One of the observations made by Sundstrom, and one that warrants attention here in the United States, is to be found in his discussion of the assumption

that any increase in non-institutionalized care is mechanistically matched by a decrease in institutionalized care. But the realities of experience -- suggested at least by Swedish data -- indicate that low institutionalization is not correlated with high home care rates, nor vice versa. "In other words, there has been little in the way of substitution of one kind of care for the other, notwithstanding much rhetoric about this."

Dr. Sundstrom also reminds us that a very low proportion of the elderly prefer to live with their families. At the same time, large proportions of the non-aged are willing to pay taxes to support them. Although public opinion may have changed over the past few years, the 1981 Louis Harris survey for the National Council on the Aging found that in our own country, more Americans under 65 agree than disagree that "Social Security taxes should be raised if necessary to provide adequate income for older people." It would be informative if carefully designed cross-national surveys could be conducted on the broad issue of support for the elderly through selected government programs. Sundstrom does allude to surveys indicating that Swedish youth apparently have a more favorable attitude toward caring for aging parents than youth in other countries.

But much more important is the pattern found in many countries, namely, that "the aged are not expelled from the family." They choose independence, when conditions make that possible. The most significant lesson, according to Sundstrom, is that governmental policies in favor of the aged make for more positive inter-generational relationships than would prevail without those policies. He provides some convincing examples of this lesson.

Empirical research, rather than armchair speculation and poorly informed rhetoric, shows the actual conditions under which care for the aged is provided, and by whom. Sundstrom's own studies reveal, for example, that 80 percent of the

elderly in his country have access to someone to help them; that most of these sources are their spouses, the remainder consisting of adult children and others. The primary condition obviously is being married with spouse present. Propinquity is also important: the closer the potential informal helper lives to the elderly individual, the less formal home help is used. And despite the image that some persons may entertain, even in the "welfare state" the "family still is a buffer against dependence on the state."

But apart from that issue, if we are earnest about the importance of informal care-giving, especially by family members, the more we need to provide relief (respite) to the care-givers so that they can continue to cope with the many problems that frequently prevail among many of our elderly. The bottom line of the Sundstrom paper is that the independence much sought after by the elderly is a greater reality today than in the past, and that the broad public policies regarding the aging are a primary basis for that independence.

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Director

Community Care of the Aged in Scandinavia*

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Introduction

This paper deals with the situation of old (65+) people in Denmark, Finland, Norway, and Sweden. As I am most familiar with the latter country, much of the evidence is derived from Swedish sources. Yet, there are studies that indicate that patterns of old age care -- at least to foreign onlookers -- are rather similar in vital aspects in all these countries (Daatland & Sundstrom, 1985). I will in this context assume that the concepts of informal and formal care are sufficiently well known to leave them undefined.

In the Scandinavian countries there is a growing concern with the provision for the aged in the future, and a feeling that this may not be done by the government to the same extent as in the past and at present. Many also believe that family care of the aged has declined in later years. Consequently, one solution might be for families to claim back what has presumably been usurped by the state.

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* Part of data presented in this paper has been gathered in an ongoing project on aging in the Nordic countries with financial support from the Nordic Council of Ministers. (for a first report from this project, see Daatland & Sundstrom, 1985).

The most common way in our countries to conceive of the relationship between informal and formal care is to see them as communicating vessels: when the one expands (or contracts), the other tends to do the opposite. It is interesting that there have been few intellectual efforts in the Scandinavian countries to clarify these concepts of care, as we experienced an immense growth of formal care systems, assumed to substitute for shrinking care within the family. Also, there are very few studies of the dialectics between the two kinds of care, and the ones performed lend little support to the simplified iconography (Sundstrom, 1983).

It <u>does</u> appear that some kinds of family support of the aged have declined, most notably, economic support. However, economic support was not very extensive, even before the expansion of the welfare state. Another indicator of support that plays an important role in popular and scientific thinking is co-residence between the generations. This has decreased rapidly in Sweden (see Table 1), but recent studies show that previously the elderly also tried to avoid living with children, that many old persons were <u>not</u> cared for by their children but left to perish, and that co-resident children often rather took advantage of living together (Johansen, 1984, Sundstrom, 1984).

By and large, however, the emerging picture is one of co-existence of both formal and informal support systems, with the former often unaware of or denying the existence of the latter. Characteristically employees in health care are the ones who hold the most stereotypical and faulty image of the aged and their conditions (Tornstam, 1983). Nor has this insight pervaded mass media or informed political action or ideology, where the simplified

Table 1.

Living-patterns of non-institutionalized aged[1] in the Nordic countries, Selected years 1950-1981. Percent.

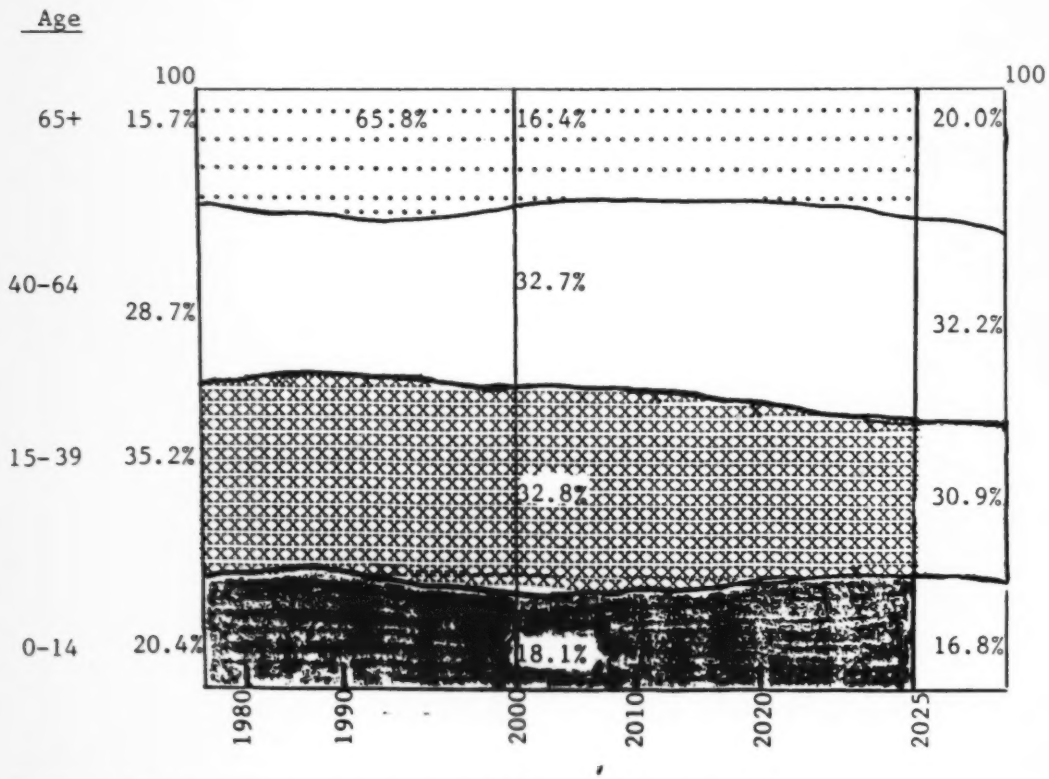
Lives with	Denmark 1962	Denmark 1977	Finland 1950	Finland 1976	Norway 1953	Norway 1981	Sweden 1954	Sweden 1975
Alone	25	35	18	30	21	35	27	41
Spouse[2]	46	51	18	32	23	40	33	46
Spouse and child	9	7	20	15	18	7	11	5
Child	10	3	35	15	27	8	16	4
Others	10	3	9	8	10	4	13	4

1. 65+, Sweden 1954 67+.
2. Including possible others, but not children.

Source: Sundstrom, (1984 b.)

Diagram 1.

Population developments by age groups, Sweden 1977-2025. Cumulative distributions, percent.



Source: SCB Information i Prognosfragor 1978: 5 p. 35.

analogy still tends to govern the thinking.

More elaborate conceptualizations of the support systems, developed in countries with relatively small formal support apparatuses, have been discussed elsewhere (e.g. Litwak et al. 1981, Horl, 1983). They will inform my presentation and be shortly examined at the end of this paper. I will often use home help in advanced welfare states as a test case, helping us to see how informal and formal care interacts.

Background: Growth of Formal Care and Changing Family Structure

The "grey explosion" has already taken place in Scandinavia (but least in Finland), and it has caused relatively little in the way of economic problems and aversion towards the elderly forecasted in the 1930's (Myrdal and Myrdal, 1934). The proportion of the aged in the population continues to grow slowly in the decades to come. It is important to recognize the immense changes which have occurred in household structure of the aged in all the Nordic countries since the second World War. In Denmark and Sweden, the aged tend to live either alone or with only their spouse, as shown in Table 1. It should be noted that most of the adult children living with the aged in these countries are sons who have never married (Sundstrom, 1984 b).

This does not mean that one can draw simplified conclusions from household structure to family situation or vice versa. Thus, the single (never-married) who make up more than a tenth of the aged in Sweden, quite often live with someone, usually a sibling (30 percent of the men and 20 percent of the women in that marital status) (Sundstrom, 1984 c). In Finland and Norway,

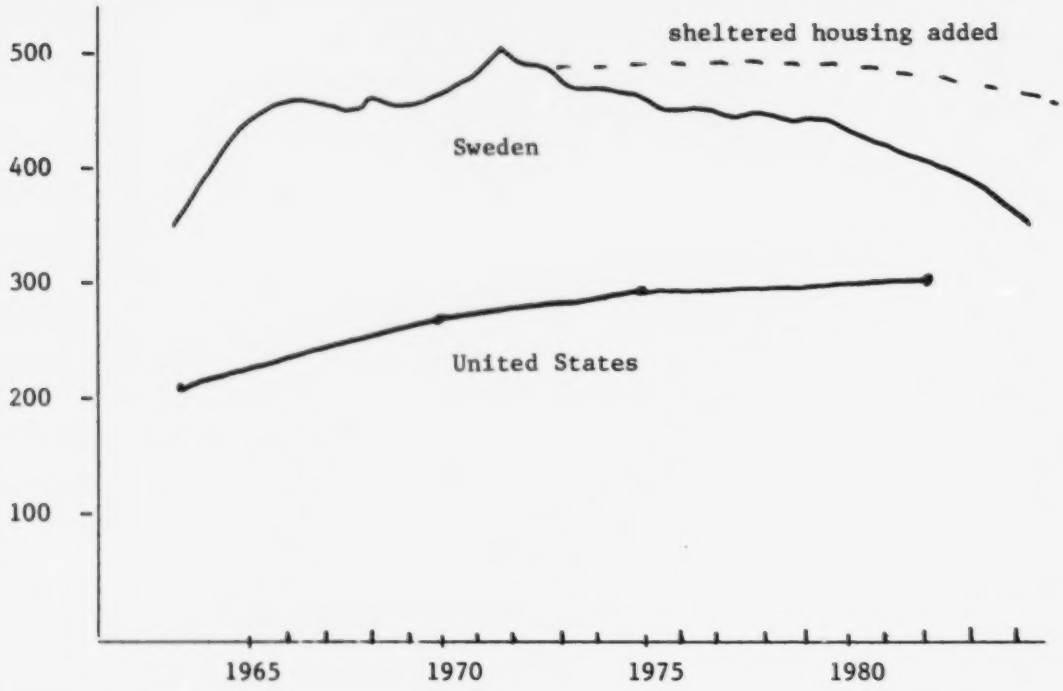
the corresponding figures are even higher. When widowed, many aged, especially women, intensify their contacts with children, other relatives and friends (Sundstrom, 1984 c). Kin, adult children and grandchildren, tend to "step in" when the need for their support arises (Gaunt, 1985).

Decreasing co-residence of the aged with their children appears to be an international phenomenon (Sundstrom, 1983). Naturally, this is most pronunced in Western countries, but even in China, the prototype of veneration of parents and ancestors, co-residence is on the decrease. In China this is interpreted with little worry as a reflection of families finally having opportunity and taking it to live independent lives (Ma Xia, 1984). In Japan, comparable declines lately in joint living arrangements have caused much more worry.

The number and proportion of the Swedish aged living in institutions rose during the 1950s and 1960s, from the more traditional level of about 4 percent of the 65+ of 1938[1]. The proportion was lower in the 19th century, but one can find 17th century Swedish parishes where 20 percent of the aged died in the poor-house (Gaunt, 1978). In the 1950s, government subsidies and new directives led to vast increases in the available number of beds in Swedish old age-institutions (county councils established norms for the provision of long-term care facilities etc.). This culminated in the late 1960s, and the relative decrease thereafter has not been completely offset by the new intermediary "service-apartments" (government grants have made it more profitable for local councils to fulfill their "quota" through building these instead of traditional old-age homes), as shown in Diagram 2. The rationale for using population 80 and older is, of course, that the great majority of the inmates in these institutions are of that age. In all the

Diagram 2.

Places in nursing homes per 1,000 persons 80 and older in the population, Sweden and the United States, 1965 - 1980 (1982).



Sources: For Sweden, data collected in Daatland & Sundstrom, 1985. For the United States, straight-line interpolations (definitions vary slightly between years) of number of beds in nursing homes indicated in NCHS (1973) p. 385 for 1963 and intermediate years in Statistical Abstract for the United States. Population figures for 1960, 1970, and 1980 are from U.S. Census 1980, General Population Characteristics, PC 80-1-B1 U.S. Summary, likewise interpolated for intermediate years (1965, 1970, 1975, 1980).

Scandinavian countries there have been comparable declines in coverage ratios thus measured in the 1970s and after, and their coverage is now about the same. Interestingly, the United States, possibly due to the lack of central regulation of the establishment of nursing homes, shows a steady increase in the coverage, bound to coincide with Scandinavian ratios in a few years time if nothing happens to prevent it.

About 6 to 7 percent of the Swedish aged now live in some type of institution, a figure which does not differ much from that of other Nordic or Western countries.

In the late 1970s and 1980s public policies have come to stress even more than earlier ones, the importance of the aged staying in their own homes, this being the most humane and also the most economical approach. (It would have been more befitting had the idea come before the decline in institutional coverage.) In general, this is acclaimed by both the organizations of the aged and by younger generations. At the same time, private/cooperative interests are hastening to build non-public service housing for the aged. An opinion-poll shows considerable support among the aged for these solutions to housing needs: among those 50 to 74, 14 percent prefer this form of housing, and 19 percent public service-houses for their old days. Middle-class persons and the more well-to-do clearly more often prefer non-public solutions than do workers (Sundstrom, 1984 a). Also, 3 percent say that they want to be with an adult child, whereas 7 percent do so. Preferences derive from what is possible and customary. In Finland higher proportions live with and prefer to live with children but there too, those who wish to live with their children are outnumbered by those who prefer

institutional care of some kind, including those who actually live with a child. There are German and American studies to the same effect (Sundstrom, 1984 c).

Averages of the aged who live in institutions tell little about how common this is in a longitudinal sense, i.e. the "risk" that one will sooner or later enter an institution. For arithmetical reasons, the same is, of course, true also for the chance of coming to live with a relative. It is obvious that averages and longitudinal assessments should differ, but the distinction has been made in few studies (Fillenbaum & Wallman, 1984). Looking at the middle-aged, the longitudinal approach doubles the percentage of Americans who live with their parents over a decade compared with cross-sectional incidences (Beck & Beck, 1984). For the elderly in 18th century Sweden, (local study), there were many more ending their lives in the household of a child than coresident averages suggested (Gaunt, 1978). Swedish data on institutional populations estimates that for a 65-year old person the risk that one's death would occur in an old-age institution was 20 percent in 1938, and rose to 38 percent in 1975 (52 percent for the 80+). In the latter year, the probability that one would ever enter a nursing home seems to have been about 22 percent, but possibly up to 15 percent higher. The increase in Swedish figures is associated with a number of factors, the most important no doubt being the higher "turnover" in today's institutions. In 1938, a considerable proportion of the inmates in old-age homes had lived there for decades, and the proportion below 65 was previously remarkably high (in 1938: 31 percent, 2 percent below 17!); now most are 80 and older (with average age continuously rising). The function of these institutions has changed, from being literally a home, to providing short-term care at the very end of life

(simultaneously, these institutions are now trying to become more "home"-like). (Samuelsson & Sundstrom, 1984).

Some decades ago, many elderly lacked a home of their own altogether, thus 6 percent lived in a dwelling owned by their employer in 1954 and it was of substandard quality. (SOU 1956: 1 p. 258). This may often have been the main reason to enter an institution for forest workers, agricultural workers, or domestic workers (Gratton, 1983). In Finland, with a housing stock of lower standard and in short supply, there are still traces of this. In 1981 5 percent of the inmates in public old-age homes were reported as having entered due to complete lack of dwelling and another 17 percent due to unsatisfactory housing (Socialstyrelsen 1983 p. 158).

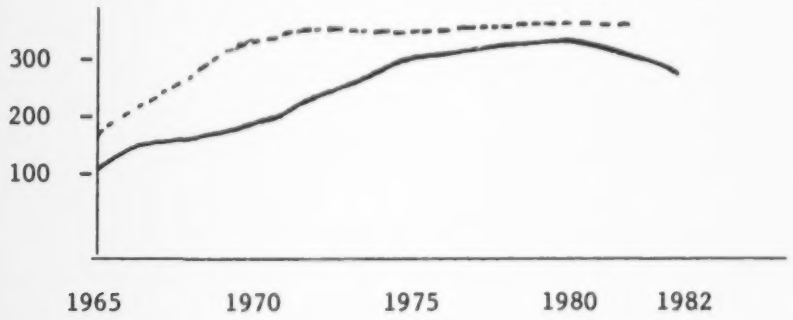
There is a heavy over-representation of single (never-married) persons and of women in old-age institutions today just as previously in Sweden and elsewhere (Smith, 1934, Sundstrom, 1984 b, c).

With rising nuptiality rates in the population, greater likelihood that one has children of one's own, better dwellings etc., one would expect a delay in institutionalization of the aged. Presently, 40 percent of the Swedish institutionalized, aged 65 to 84, are childless and over 90 percent have only elementary educations (computations on ULF 1980-81). The over-representation of the childless has been noted also in other studies, in Sweden and internationally (E. G. Cavan, 1949, Townsend, 1962, 1965). Greater household separation and independence of the aged might at the same time enhance larger use of institutions when it becomes necessary. One should expect that increased emphasis on old people staying put in their home would be

paralleled by more of residential care (home health care, home help, etc.). There is, however, little evidence for that in actual Swedish developments. The proportion of the aged population covered by home help increased in the 1960's and 1970's but after 1978-79, coverage declined. Diagram 3 shows this with both individual and household approach. Coverage ratios are about the same in Demark and Sweden, somewhat lower in Finland and Norway, but Sweden is the only country in Scandinavia where coverage has levelled off.

Diagram 3.

Home help coverage per 1,000 aged (65+), Sweden 1965-82.



------- = helped aged households (whether aged person is head or not) per 1,000 aged households.

——— = helped aged persons per 1,000 aged persons in the population.

Source: Sundstrom, 1984 c.

Lately the tendency in Sweden has been to give more home help to fewer clients, with heavier focus on the oldest (80+) and presumably the neediest. This is conscious policy and also a reaction to what is seen as "over-consumption" of home help (many elderly having just one or two hours help with cleaning every

second week). The distribution of help is skewed: in Stockholm in 1982, a tenth of the home help clients (2 percent of the aged) got half of all home help hours, but most clients (18 percent) received just a few hours weekly[1]. The pace of costs in both residential and institutional care in Sweden is such that the former draws the same proportion of costs for the care in 1982 as it did back in 1965 (namely, 20 percent). Analysis at the county level does not show that Swedish regions with low institutional coverage have more residential care: rather counties that have much of the one also have much of the other and vice versa. In other words, there has beeen little in the way of substitution of one kind of care for the other type, notwithstanding much retoric about this It seems likely that not only community services such as home help are important for the aged managing longer at home today than in the past. One must also consider the vastly raised standards of housing, better economic situation (pensions) and better average health among the aged themselves.

It is a minority of the aged who uses services like chiropody, visiting nurse (13 percent of the 65 to 84 group), service centers, meals-on wheels (4 percent 65+) etc.. Most, even among those who need help, manage somehow by themselves, often through help provided by spouse or other family members.

The attitudes towards seeking help from kin/family and giving such help is something about which quite little is known. I have already mentioned that few among the aged wish to <u>live</u> with their children; as a matter of fact, it is more commonly noted in the younger generations (Sundstrom, 1984 a). Permanent co-residence decreasing, temporary arrangements and over-night

stays (in the home of either generation) have increased greatly (Platz, 1981). Increasing independence of the aged and their children, who may be directed by both altruistic and other motives, costs money. A number of surveys, both internationally and in Sweden, show remarkable willingness to pay taxes for old-age care, pensions etc.. Even when respondents have to choose between benefits going to children (child care) or to the aged (old age care), a majority supports the latter beginning with ages 30 to 34 (Sundstrom, 1982). Yet, these are indirect and "abstract" forms of solidarity with the aged. It is necessary also to consider attitudes towards personal care of aging parents.

In a survey with Swedish youth in the 1970s, it was found that they were much more resilient towards caring for aging parents than youth in a number of other countries (Zetterberg, 1979). More recent surveys utilizing questions on willingness to care show considerably higher figures (Sundstrom, 1983, 1984 a). At the same time, there is widespread and increasing disillusionment with institutional old-age care. Much of this discontent may be due more to rising expectations than to actual experiences; those who have their parents in old-age institutions are less dissatisfied than the population as a whole (Sundstrom, 1983). Scattered impressions indicate that many who live in institutions have had offers to stay with family but declined them. In other cases, they have lived together before and have exhausted the caring capacity of the family in other ways (Adolfsson et. al., 1980).

Some elderly women refer to their own experiences of caring for parents, parents-in-law, and spouse, and they do not want the same done for them, nor

to have to accept care given on those conditions (Lange, 1973, Sundstrom, 1982). The point is that the aged are not expelled from family; they rather prefer to retreat from one-sided dependence upon family care (Brody et. al., 1979, Nordhus, 1982). At the same time, paradoxically the immediate family in many ways plays a more -- not less -- important role in the life of today's elderly than in the past. Also, the aged themselves are increasingly significant to their family. In part, this is an effect of the welfare-state and its transfers to the aged, and in part, an outcome of their being relatively resourceful in other respects. Since the Swedish aged are better off than the Finnish elderly, it is logical to find Swedish adults relying much more on their aging parents for help and advice than do their Finnish counterparts (Havio-Mannila, 1983). Recent Swedish statistics also indicate that the elderly increasingly give/engage in financial transactions with "other households". Reasonably, these are usually children or other close kin (SCB, 1984). There are studies also in other countries that show a tendency for monetary flows to have reversed, now benefitting the off-spring rather than aged parents (Crystal, 1983, Schorr, 1980, also see Cheal, 1983).

This reflects the fact that, by and large, the family is viable indeed in the welfare state. Let it suffice to give some examples. The closest family, one's own through marriage and one's own children, was never so available as it is today. The proportions that marry have not been so high since early 18th century (the small decline of latter years is due to the practice of unwed cohabitation, partly in itself proof of the strength of family against customary norms), and childlessness has been decreasing with every cohort, whether married or not. A quarter of retired Swedish women are

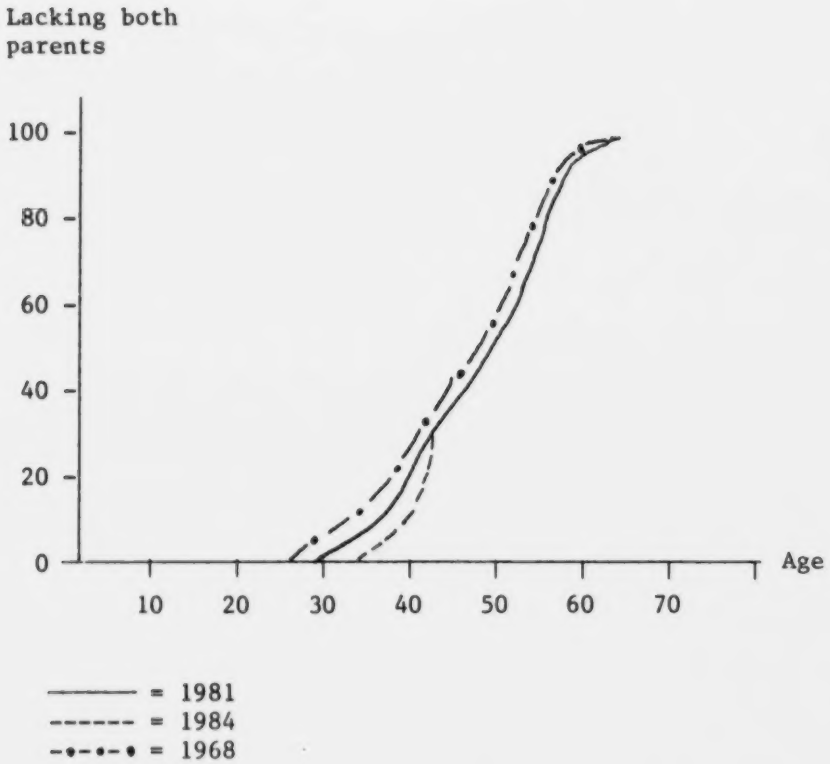
childless; among those 40 to 44 only 10 percent are childless. Simultaneously, families start earlier, which has the consequence that people's marriages last on average longer, not shorter, time and part of the life-span. Still it seems to be true that most marriages are broken by death, not by divorce (average "life-length" of marital cohorts being somewhat longer in Sweden than in the U.S.).

Seemingly trivial, these demographic factors profoundly affect people's lives not only now but 50 years henceforth. Diagram 4 illustrates the ever later incidence of parentlessness among adults, visible even over the last decade and another indication of the increased presence of family relationships of all kinds.

The relationship between the age of adults and that of their parents tells us about potential needs for support among the latter and the age of those who may often be called upon to provide it. This is shown in Diagram 5 for women, assumedly more important for informal care within the family than are men.

As it is often argued that the younger generation's <u>own</u> family is a barrier to care-giving within the extended family, I have also shown how common it is to have children (preschool children and older) in the household. Clearly, few have very old parents at the same time as having young children. Contrary to popular speculation, there is no sign of grandparents and relatives becoming less involved in care for children. If anything, the opposite is true in our countries[2]. For example, in 1980 about half of persons 55 to 74 report recent baby-sitting. Giving of gifts to grandchildren also seems to be on the increase (Platz, 1981).

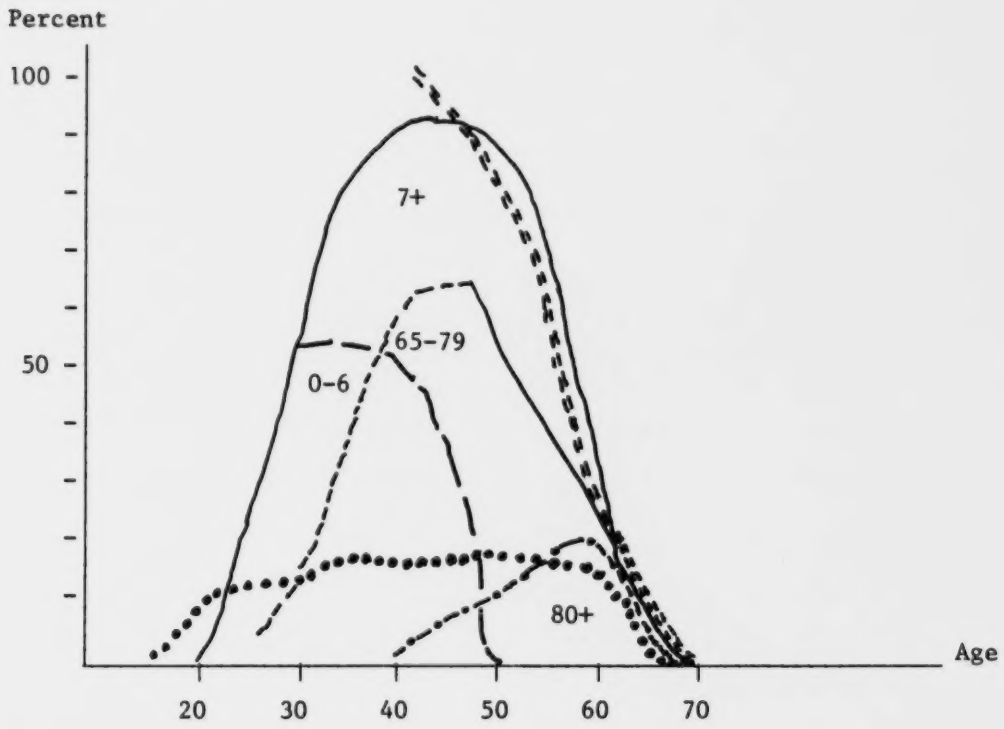
Diagram 4. Parentlessness in the Swedish population, 1968-1981 (1984).



Sources: 1968 and 1981, my own computations on the Level-of-Living Surveys, Institute for Social Research, Stockholm. 1984-data derive from survey done for me by the Swedish Institute for Opinion Research.

Diagram 5.

Women having parents (by age of parent), having a child in the household (by age of child), and helping parent(s) outside one's own household, Sweden, 1981.



——— child in household
····· helping parents
====== parentlessness
------ age of parent (mother) 65-79
-·-·-· age of parent (mother) 80+

Sources: Sundstrom, 1983, for parents and parents' age. Data for child and age of child in household derived from computations on the Level-of-Living Survey, Institute for Social Research, Stockholm. Data for help to parents outside one's own household derived from computations on the 1980-81 Living-Conditions Survey Statistics Sweden.

As joint living between the generations is very unusual in contemporary Sweden (it should be noted that non-married children always have made up the majority of the second generation in joint living arrangements), I have also indicated how common it is to give help to parents outside of one's own household (Sundstrom, 1984 c). The percentage is rather low in all age-groups, but it does cover the majority of those who have parents 80 and older (no differences with regard to marital status in helping could be found). As 8 out of 10 middle-aged adults who have parents within easy reach (8 miles or less) visit them once to several times a week, it can be concluded not only that social visiting is frequent but also that it increasingly conveys care when needed (Sundstrom, 1985).

Another fact, often assumed to be a barrier to informal care within the family, is the rising labour force participation rates among these middle-aged daughters, Yet, I have been unable to find any systematic evidence showing this (Sundstrom, 1982, 1983). Obviously that must be the case when a parent is very frail and needs more or less constant tending. But, these at any given moment make up a tiny fraction of all aging parents. Using retrospective data rather than cross-sectional distributions, one finds, of course, much higher percentages reporting help to parents (Haavio-Mannila, 1983). This also reflects the general methodological problem of using cross-sectional data to elucidate family processes where the crucial issue is long-term commitments.

Another concern is for the declining number of children in contemporary families; will they be able to care for their parents as did the great sibling groups of the past? For example, it is found that elderly with few children more seldom co-reside with their children (Crystal, 1982,

Sundstrom, 1982). But, this is rather an effect of these elderly having rather young children at an advanced age: simple arithmetic shows that only children live with their aging parents more often than do other children. It was that way in the American and Swedish past (Smith, 1984, Sundstrom, 1984 b), and it is so today (Beck & Beck, 1984, Sundstrom, op. cit.). However, the likelihood that no child will live quite close does increase some shat with falling number of children (evidence on Stockholm elderly in Sundstrom, 1983).

The Relationship Between Formal and Informal Care

There are a number of studies to support the contention that informal care has a much larger volume than formal care even in the most advnaced welfare states. As I will focus on home help in the folloeing, it may suffice to point to a Norwegian study that shows the family to give 12 times as many hours of help to physically handicapped with early retirement pension in Oslo as is done by residential care (Brevik, 1982). Also in Oslo, it was recently found that those 80 and older use as many hours of paid private help as hours of public home help (Ro et. al., 1984). It has already been noted that nost home help clients receive few hours of help, usually 3 to 4 hours per week or less.

Nevertheless, the home help is the most important of formal care available in residential settings. Further, it can not be assumed that the two kinds of care are equivalent, i.e. of the same quality. Both may be needed, and we can not conclude that formal care is insignificant simply because its volume is so much smaller.

The home help here serves as a prototype for residential care and for formal care, because it is the most common form of such care in the Nordic countries. It also provides the kind of everyday help most needed by the aged in their ordinary setting, and it is usually given by women with many years experience of household work. Programs aimed at keeping the aged in their ordinary housing always invoke home help as the agent to make this possible. This does not imply that home help is scientifically unproblematic. Rather, it is hard to grasp because it is similar to ordinary housework and performed in peoples' homes (Waerness, 1983).

In the Nordic countries, with some variations, about 20 percent of the aged utilize home help (for an overview, see Daatland & Sundstrom, 1985). In Sweden, nearly half of the clients are 80 and older. As noted, coverage has declined slightly in the last years, but that is true only for those below age 80.

It can also be noted that most clients (7 out of 10) are non-married and that marital status affects the volume of help given. Lacking recent data, this can be shown with data for Stockholm in 1976/77, and Sweden in 1975 (data for the age group 65-84 in 1980-1981 differs little, though, from these patterns). See Table 2.

Clearly, the married also get support form the home help service, but less often than the non-married and fewer hours (less frequently) when they get home help. A crucial question is whether rapid growth of home help and its "service" character has led to formal care being more of a complement or even competitor than was earlier the case. If so, the service should by

Table 2.

Percent of elderly in Stockholm and Sweden, by marital status and hours/days of home help, 1976-77 and 1975 respectively.

Stockholm 1976-77			Sweden 1975		
Home help hours/week	Non-married	Married	Days or help	Non-married	Married
0	73	91	0	74	88
1-3	12	5	1/week	11	8
4-5	4	2	2/week	5	1
6-10	6	1	3/week	3	1
11-15	1	-	4-6/week	5	2
16-	1	-	Daily	2	-
No answer, no information	4	1	No answer, no information	-	-
Sum	100	100	Sum	100	100
Corresponding pop. in (1000s)	57	47	Corresponding pop. in (1000s)	455	453
N (stratified sample)	519	531	N (stratified sample)	413	381

*Non-institutionalized aged 65+, excluding the few (3 percent in Stockholm, 9 percent in the national sample) who co-resided with their children.

Source: Computations on Stockholms-undersokningen and Pensionarsundersokningen (See appendix).

analogy be less complementary in countries where the home help is in shorter "supply". There is some "overlap" in Swedish data, i.e. those who have a carer (spouse) close do also to some extent have formal care. However, we will see below that these are often cases where the spouse her (him) self is frail. The bulk of the home help functions as a substitute when other close informal care is unavailable.

In Britain, where coverage is much lower (about 8 percent in 1978) one should expect the substitute function to be stronger (Hunt, 1981). Therefore, it is logical to find a smaller proportion of married persons among home help recipients in Britain than in Sweden (18 and 30 percent respectively, Hunt, 1970:169). In both countries the most immediate family (the spouse) seldom gets support, and least so when the carer is a woman and the service is in short supply. Thus, for the most important group of caregivers, formal care is a substitute much more than a supplement. (For American indications of the same nature, see Branch & Stuart, 1984).

One may also use British material to see how the availability of an adult child affects the use of home help (whether due to demand or willingness on the part of the administration to supply it we know little about). As shown in Table 3, the British aged who have a child close are much less likely to have home help.

In Sweden, on the other hand, those elderly who have children close also more often us/have home help, but on average get fewer hours of home help. Usually they get support from this child, when needed, but conceivably the child also puts pressure on the helping bureaucracy (Sundstrom, 1983).

Table 3. Percent of Aged in Britain, by distance to closest child and by sex, home help recipients and all elderly, 1962 and 1967 respectively.

	Home Help Recipients 1967			All Elderly[2] 1962		
	All	Men	Women	All	Men	Women
Child(ren) in household	9	6	9	32	31	31
" within 10 minutes	23	19	23	18	18	18
" more than 10 min. away	37	39	37	26	30	24
No living children	32	36	32	24	20	26
Sum [a)]	100	100	100	100	100	100
N	1112	165	947	2500	1004	1496

a) Due to roundings, not all sums add to 100.

1. After Hunt, 1970 Table R4 p. 241.

2. Old People in Three Industrial Societies, 1968, Table Vii-7 p. 193, proximity, and Table VI-2 p. 139 childlessness, here adapted and recalculated.

There are indications that the closest child being a daughter rather than a son influences whether formal care is given/demanded, even if I have been unable to assess this with Swedish data (Hunt, 1970, Daatland, 1984).

It is often overlooked how sex-biased social services and formal care is. For example, the support function of public care is most pronounced when the carer is a man. With some early exceptions (e.g. Hunt, 1970), this insight has not surfaced until recently. It is increasingly becoming evident that the sexual division of care has vast implications for the use of services and formal care (Waerness, 1983, Daatland 1984, Sundstrom, 1984 c, for Nordic studies).

Even if differences in health and marital status among aged men and women are considered simultaneously, sex differences in the use of services persist. Among married Swedish frail aged, 26 percent of the men and 36 percent of the women utilize home help. Previously married persons are on the average older, but among those of frail health the percentages are 73 and 58 respectively. Marriage is ths most potent protection against dependence upon home help for both sexes. On average, less than half of the most frail aged have no home help, mainly due to support given by spouses.

But, as we have already seen, also in a country with individualistic forms of life, like Sweden, there are other household and family constellations than nuclear family or solitary life among the aged. These affect the need for formal care. Among single and previously married men, this kind of co-residence keeps down the use of home help; however, this is not the case among women. For the women, co-residence often implies giving rather than

receiving informal care and support.

Of course, this is true also of marriages. Among retired Swedish persons, aged 65 to 84, 7 percent of the men and 11 percent of the women report having a handicapped spouse that they have tended for daily during the last 3 months. Nearly half of these men, but only a quarter of the women, receive home help (we know nothing about whether it is wished by carer/cared for). Interestingly, about a tenth of those living with an adult child report the child to need such care. Certainly, it was found already in the very first gerontological studies that many elderly themselves performed caring work, sometimes for their own children (Sheldon, 1947).

Generally the same patterns of complementarity and, most commonly, substitution emerge from evidence on help to the aged. In Table 4, I show the availability of (potential) help and its consequences for the utilization of home help in Sweden.

The majority of the Swedish aged (8 out of 10) have access to someone to help them: five out of these eight are spouses, the rest are children or other persons. The "further away" the helper, the more often home help is used. When one has to rely upon someone "beyond" a child, this indicates that the need for help is well above average, and one's need for help is even larger than among those who lack a "helper" completely.

These figures on helping potentials are validated by patterns of actually received care, informal and formal. Of course, this is the case with fewer, 2 out of 10, than those who can get help. Again, married men who receive

Table 4. Aged (65-84) in Sweden who get help, by sex and martial status, by helper and by use of home help. Percent.

	Men				Women				
	S	M	PM	Sum	S	M	PM	Sum	Total
Has someone to help	68	96	70	89	78	91	71	81	84
Percentage with home help									
Carer: No carer	25	30	39	33	29	24	23	24	27
Carer: In household		8		9		13	15	13	11
Carer: Child outside			26	30			23	22	24
Carer: Other person	32		40	38	27		31	30	32

Note: S = single (never-married)
M = married
PM = previously married.

Empty cells have a base smaller than 50. For most figures, the base is well above 100, most of them more than 200.

Source: Sundstrom, 1984 c.

care or tending use home help no more than other men. Married women in that situation much more often are home help recipients. Their spouses are less able to help all the way out and/or these women are less willing than the men to be dependent upon informal care only. Being more specific, Table 5 highlights autonomy, that is, help with a number of concrete tasks in daily life. Again, spouses emerge as very important (there are characteristic gender differences, not shown here). Only for shopping and cleaning, the home help is of greater significance. There is no indication that these 1975-patterns have changed noticeably. Other sources of informal care can be treated shortly; in Sweden neighbours play an insignificant role for informal care, nor do close contacts with neighbours substitute for home help. This is true even in those cases where regular and rather intense exchange of services with neighbours exists. Neighbours may still be important, but not for care in the narrow sense (Litwak et. al., 1981). "Superficial" contacts with neighbours are often thought to be typical of "modern" societies. Interestingly, neighbours were as insignificant for the care of the Swedish aged in 1954, when a large proportion of the aged population lived in rural areas and 3 out of 10 elderly persons lived with their children. These data derive from the oldest nationwide survey of old people that has been preserved (Sundstrom, 1983).

To assess how all these factors influence the use of home help, I have used discriminant analysis, Table 6. Data for Stockholm in 1976-77 were used to minimize regional and other differences. The survey that provides the data was of unusually high quality and utilized an excellent battery of questions on informal care and family relationships/household structure.

Table 5. Percent of non-institutionalized aged in Sweden 1975, by autonomy and dependence in daily tasks, marital status, and source of support.

		Shopping		Cooking		Cleaning		Dressing[b]		Personal Hygiene[b]	
		Married	Non-Marr.	Married	Non-Marr.	Married	Non-Marr.	Married	Non-Marr.	Married	Non-Marr.
Manages autonomously		83	77	77	86	67	61	98	97	98	97
Dependent on help	Performed by:										
	Household member	12	3	20	4	21	4	2	1	2	1
	Other family	3	6	1	3	1	5	1	..	..	1
	Home help	2	9	1	5	8	25	..	..	..	..
	Neighbour	..	1	..	..	..	..	..	..	..	..
	Other person	1	1	..	1	1	4	..	..	..	..
	Gets insufficient help	1	..	..	..	..	1	..	..	..	..
Sum[c]		100	100	100	100	100	100	100	100	100	100
Corresponding population (in 1000s)		453	455								
N (stratified sample)		381	413								

a. Excluding 9 % living together with their children (see b), 5 % with spouse+child, 4 % non-married with child.
b. Among the non-married living with their children - the married in this group found help with their spouse when needed - 89 % and 91 % viz. were independent in dressing and personal hygiene, 6 % were helped by the child, 1 % by other relatives, the remainder had a variety of solutions to their needs for support. The 4 % living non-married with a child corresponded to 44 000 persons (N=46).
c. Due to roundings, percentages may differ from 100.

Source: Computations on Pensionärsundersökningen 1975.

Table 6. Discriminant Analysis of the Use of Home Help, Aged[1] in Stockholm 1976/77. *

	Women	Men	Together
Age	-0,552	-0,402	-0,500
Physical health	0,660	0,359	0,615
Psychic health	0,281	-0,030	0,148
Network variables			
Marital status	0,218	0,659	0,393
Someone else in household	0,113	0,182	0,126
Informal help & support	-0,116	0,092	-0,025
Contact with relatives	-0,073	0,230	-0,119
Contact with friends	0,094	0,119	0,139
Contact with neighbors	-0,051	-0,173	-0,079
Having child(ren)	-0,233	-0,116	-0,200
Education	0,244	-0,011	0,155
Canonical correlation coefficient	0,423	0,481	0,422
Percent correct classifications	74,1	72,8	72,4
N Has home help	125	119	244
N Has no home help	421	415	836

1. Aged living in institutions excluded.
2. Computations used weighted numbers, but do not differ remarkably from computations on unweighted data. All functions are significant at all levels, weighted and unweighted. When values are missing, means are substituted. Program: SPSS-X 2.0.
3. Variables are defined in Appendix.

*Note: In Europe , (comma) = . (decimal point) in the U.S.

The reader should note the useful distinction between men and women: taken together, the analysis does not detect several of the variables that are decisive for the use of home help, and the processes that lead to this.

With aged men, the most important single factor is marital status; marriage is a mighty barrier against use of outside help (of any kind). Age, in itself, and physical health is less significant. In general, all network variables protect men against the reliance upon home help.

Among elderly women, age and health are the most important determinants for use of home help and the informal network is of comparatively little consequence. Also for women, marriage gives a certain protection. Both among men and women, the childless less often use home help, but have on average worse health and get somewhat more hours of help when detected. When men receive informal help, they are not using formal care; for women the use of either implies inability for self-care. In the words of a precursor analyzing Norwegian home help who found much the same patterns as I, the service is a social one for men, a health service for the women (Waerness, 1983).

Class has little impact on the use of home help. This is indicated by education which shows no influence and is validated by analysis of socio-economic group of home help clients and all aged (not shown here, Sundstrom, 1984 c). In contrast with most other services, the home help thus is a relatively "democratic" form of support, possibly because administrators are trained to assess needs and that only, and because of high coverage ratios. The fee for the help is rather low and nominal:

4 percent of real costs in all Nordic countries. The Swedish fee schedules have been revised in the last years to discourage those who need only little help that, it is thought, they and/or their family should be able to do themselves.

Support to Caring Families

As elsewhere, family policy in Scandinavia means programs to support families with small children. In Sweden most of the public support to families who care for aged family members is not the result of intentional planning or efforts to provide relief for the carers. There are three main types of Swedish programs which provide support to carers, two within the medical sphere and one in the social service sector. Denmark and Norway have similar arrangements, with some variation; Finland has only the first type which was introduced recently on an experimental basis.

In Sweden, one type of care allowance was introduced in the 1950's and goes to the "patient". The amount is set by the administrator, the county council, but has always been very small (scaled, with a maximum of about $200/monthly in the most generous cases). Its rationale was that in the 50's many frail elderly could not get a bed in a hospital; instead they were given the allowance as a compensation. If a bed was later offered but was not taken, the allowance was sometimes withdrawn. Although for several years the number of recipients was stable at 20,000, it is now decreasing. Eligibility requirements were always quite restrictive and it is safe to say that it was and is very under-utilized (Daatland & Sundstrom, 1985). Little serious interest or research has been directed towards these clients and their carers, but it is known that the "care burden" in these cases is much heavier (often "long-term care cases") than in the ones helped

through the public system of home nursing (SPRI 1974).

In the early 1980's, the county councils launched another type of support aiming directly at the carer. This is a wage (comparable to a nurse's aide) paid as long as the patient is at home, but it has not expanded much beyond the initial hundreds in the whole of Sweden.

Although little is known about these programs, the lack of information has been even more blatant with regard to the third type of support: employment of family members as paid home helps for the elderly. The following sketch is based on my study of this program (Sundstrom, 1984 c). Sweden and Norway are the only countries using this scheme, referred to with envy in American service over-views (Innovative Aging Programs Abroad, 1984, Kahn & Kamerman, 1976:309). It seems relatives are not eligible for employment in the home help services in other countries, probably due to tacit assumptions that this should be done freely by family members, and that the home help primarily substitutes for the missing family care.

The international admiration of this system is somewhat awkward to experience, as the program is now being dismantled in Sweden. In Norway, with a much less professionalized home help system, it is flourishing and constitutes a stable 29 percent of the work force among home help aids.

In Sweden, the corresponding percentage has fallen from 24 to 11 percent between 1970 and 1983 (from 19,000 to 7,000 persons). The proportion of clients cared for by family paid in this way has decreased from 9 to 4 percent during this period, and around 1 percent of all home help hours are channeled through the family. The explanation for this decrease is less inability or unwillingness on the part of family, but rather aversion on the

part of the home help administration. This is indicated by the great, and increasing heterogeneity among counties in the employment of family members. Another indicator is the regular rejection of family appeals to higher court when the local council refuses to employ them. This, as well as concentration of home help on the neediest, is part of stricter needs assessments and application of regulations in the social legislation that emphasize the client's responsibility to care for himself. This includes cases where one can rely upon co-resident family members to do the care. Thus far, there is little Swedish discussion of this or even awareness of the implications, in contrast with the American debate (Schorr, 1968, 1980, Newman, 1980).

When this program was introduced in the 1960's, the background was recurrent discussions in Parliament about the employment situation of older unmarried women, often on public assistance, and a special government study found that quite a few had spent years in care of parents. Proposals to provide them with pensions were dismissed, but local councils were exhorted to give those still active in caring employment on an hourly basis as home helps. This took the form of a special circular from the National Board of Health and Social Welfare, still in force but seemingly considered obsolete by most councils (Those carers that were no longer "active" should be the object of special attention of labour exchanges). It is evident from contemporary discussion that this kind of family care was seen as a vanishing relic, and the main interest was to help raise women's labor force participation at a time of high demand for labour.

Considering these programs jointly, it seems that carers are worse off

in Sweden than their conterparts in Norway, where special pensions exist for those who have spent many years of caring (Earlier these special pensions were used to some extent in Denmark as well).

This is a background: I will here describe caring families paid as home helps and their situation. The description draws on a recent study of all cases in Stockholm (111) and in a rural municipality (34 cases) (Sundstrom, 1984 c). The recipients of this help are often quite old, mostly unmarried women, and past 80 years. Usually they are the parent of the carer, but there are also other relationships represented such as parent-in-law, child, sibling, spouse and others.

The carers are often in their forties or above; few have small children. Nine out of 10 are women and more often than other women their age, work part-time or are non-working, but they are gainfully employed more often than the carers described in British studies (Equal Opportunities Commission, 1982, Nissel & Bonnerjea, 1982). A substantial portion have personal health problems which are not always the outcome of demands that care places upon them.

About one-fourth co-reside with the person for whom they care; it can be estimated that in Stockholm one daughter in 100 who lives with parents-- and gives substantial help-- gets this kind of monetary remuneration. In the rural locality, the corresponding proportion is about one in ten. Home help administrators and others sometimes express the opinion that one should not mix money and care, but at least with this program, the "cash nexus" has not penetrated deeply into families. Thus, the reason for the rural women

to score higher is probably the great lack of employment opportunities in the area rather than callousness. Most of the families concerned are admirably inventive in reconciling time-consuming care with other demands, but there are cases of obvious stress and worse.

Three-fourths of the carers are not living with the person they care for; among them, one-half live within a mile (although some live further away), the rest in the same house (but not same household) or in the neighbourhood. Some families have gone to great lengths to arrange for spatial proximity without actual co-residence. There is no public recognition of the desire of families to move closer when needed (Sundstrom, 1984 a). This is problematic in a country where many flats are not owner-occupied and there is mandatory exchange of these flats through public flat exchanges (for a British study, see Tinker, 1980).

Many of the carers have benefitted from the economic compensation for several years, with gradual adaptation of the number of hours paid. About one-half receive some kind of other support including visits by a nurse more or less regularly and/or relief of duty by "ordinary" home helps taking over. One month of unpaid vacation is compulsory, but many carers, or their family, continue to perform the necessary care. About one-third are completely without the support of their family, often these are an only child and have no close relatives. Those who have siblings receive more help and relief from them than from formal sources.

The economic remuneration for care varies greatly, and is paid after needs assessment (Stockholm) or by rule-of-thumb (rural area). It averages at 17 hours per week in Stockholm, 6 hours per week in the rural area (at

about $4 per hour). In the latter locality home help supervisors are ashamed of paying so little, and therefore wish to stop paying at all. The compensation for the carers is small, yet it contributes significantly to the welfare of some carers and one should not neglect the symbolic importance of public recognition of care. It also provides a gateway for other kinds of support to these families, including public insight and control, which may be not only detrimental. In some cases carers are perishing in symbiotic relationships with aging parents who make too great demands upon them.

It is unlikely that one can recruit family carers through a system of economic remuneration like this one (Sundstrom, 1983). Judging from a Danish survey the general feeling seems to be that one should be paid for the care of aging parents (80-90 percent, with small age and sex differences). And, among respondents who lived together with an elderly parent, opinions were even more in favor of payment, and no one against it[3]. But, this is more a matter of social justice; evidently these carers are not doing their task for money.

Discussion

The most important result of this overview of the use of home help-- as an example of formal care-- among elderly in Scandinavia may be that so few rely upon it and still fewer solely on formal care. Most aged who need help find the support in informal sources: spouse, children, and other family members.

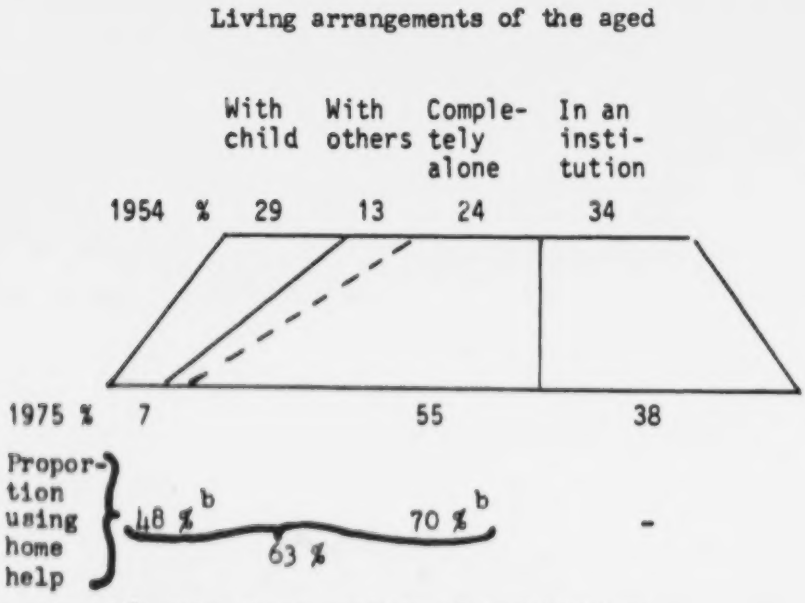
The family is still a buffer against dependence upon the state, and recent developments within formal care clearly indicate that this will continue to be the case. Most of the care is done within the informal sphere,

and it is done by women, even if we can not neglect that retired husbands do help their wives, and increasingly so (Skoglund, 1984). I am not arguing that families always do what they can, or should, nor that they should not do more; at times they certainly should. But I do argue that families by and large are caring as much today as previously.

Formal care continues to be mainly a substitute when other family care is unavailable or very insufficient. This is the case also in a welfare state. When formal care complements and supports, the help given is usually quite small in volume. Still so, the formal care may have great symbolic importance and give the relief needed for carers to continue coping. There is so little research on carers that this is largely speculative, but it is in line with recent studies of carers' complex situations and often they seem to need assistance rather than money (Horowitz & Shindelman, 1980; Noelker, 1984).

To illustrate how care patterns have changed for those who are frail and who lack a close carer, the spouse, I will focus on the non-married housebound, i.e. those who need personal help with their mobility, a small group among the elderly. In Diagram 5 I describe their living arrangements in 1954 and in 1975: during this period residential and other services to the aged expanded vastly. The proportion that lives completely on its own has grown dramatically, mainly at the expense of those living with their children (most who lived with "others" were childless on both occasions). In the early 1950s, many who lived alone lacked children, and some of those who did have a child close by nevertheless received no help from them. In a number of cases these elderly lived in outright misery in dirty and badly

Diagram 6. Housebound nonmarried aged and their living arrangements, including use of home help in 1975, Sweden 1954 - 1975.



a. In 1954 only those outside of institutions
b. Percentages of those living with a child and of those living alone, respectively, among the nonmarried and housebound.

Source: Sundstrom, 1983, revised for 1954 with data from a nationwide, representative survey with the aged, now transferred to magnetic tape, available at The School of Social Work, University of Stockholm and Statistics Sweden.

Note: Data on the use of home help derive from a survey with the aged 65-84 years in 1980-81 (ULF), but judged to be compatible with the 1975-data.

kept dwellings. Among those aged living alone some had a public home help, else very unusual by the time. This can be contrasted to the situation in the 1970s: 3 out of 10 had no help, recognized as such; 6 out of 10 had home help only; and, 1 out of 10 help from both family and the home help service. The few who utilize the home help frequently also report frequent help from family and much visiting by their children. Clearly, the home help has taken over some of what "others" did in the past rather than that done by children. But, at the same time, this has meant that the aged now have a considerably higher standard of care and no longer have to perish from inadequate help. Also, many among the aged seem to have used increasing freedom of choice to rely primarily on the home help when needs for help are not very great. This maintains their independence from the immediate family; when needed, family help is forthcoming to about the same extent as previously.

With the risk of appearing as unsophisticated, I would argue that rather little has changed over the years when it comes to down-to-earth care and support of elderly people. Certainly, huge sums are spent on pensions and other forms of support, but primarily they help the aged manage by themselves, alone or with a spouse. In this sense, functions are shared, but not the concrete care. The growth of residential care must not blind us to the fact that it goes primarily to those who lack other support or no longer manage by themselves, i.e. groups that would previously have been quick to enter an institution. It appears that there has been little substitution in the meaning that informal carers have withdrawn. Rather a certain amount of overlap exists between the two kinds of care. This is to the benefit of all parties involved.

The fear, often expressed, that we are running out of carers, gets little support in Scandinavian data: the complex interactions of greater longevity, household structure, decreasing childlessness but fewer children (and daughters often gainfully employed), residential care in dwellings of rising standard ets. are so interwoven and complex that it defies a definite and clearcut answer. But, even if care potentials have not been exhausted so far, the risk may (we do not know) be impending. The wish of parents not to be onesidedly dependent upon their children and the willingness of adult children to pay for formal care alerts us also to another function of formal care; it may be unwise to concentrate it upon only the neediest without other support in family, at the expense of families that do care. Helping these to cope may be just as important in the long run, whether in human or monetary terms.

Notes

1. My own calculations on data provided by the Home Help Division, City of Stockholm, courtesy Ellen Sääf-Bergqvist.

2. Computations on data collected for the Finnish part of Changes in the Life Patterns of Families in Europe. A detailed description of the study, with crude frequencies, is to be found in Elina Haavio-Mannila's report, Monisteita 37, 1983, Department of Sociology, University of Helsinki. Professor Haavio-Mannila was also kind enough to provide for my computations on these data.

3. Based upon special computations on Socialbegivenhedsundersökelsen 1981, Socialforskningsinstituttet, Copenhagen, courtesy Jens-Erik Majlund.

Uses Abbreviations and Terms

aged, elderly	persons 65 years and older (if not otherwise stated)
single	never married
non-married	Single, divorced/separated or widowed
SCB	Statistiska Centralbyrån (The National Central Bureau of Statistics = Statistics Sweden)
ULF	Undersökningen av lenadsförhallanden (the annual level-of-living studies conducted by Statistics Sweden)
SOU	Sveriges Offentliga Utredningar (Swedish Government Official Reports)
Pensionärsundersökningen	Living Conditions of Elderly People and Pensioners (SOU 1977:100, based on ULF 1975)
Stockholmsundersökningen	The Living Conditions of the Aged in Stockholm (a survey performed in 1976/77, see Fried 1979)

References

Adolfsson, Rolf et. al. (1980): Anhörigas synpunkter på omhändertagandet av åldersdementa (The Family's View on the Care of the Age-Demented), Läkartidningen Vol. 77., Nr 28-29 pp. 2519-2521.

Beck, Scott H. & Rubye W. Beck (1984): The Formation of Extended Households During Middle Age, Journal of Marriage and the Family, Vol. 46. No. 2, May pp. 277-287.

Branch, Laurence & Stuart, Neil (1984): A Five-Year History of Targeting Home Care Services to Prevent Institutionalization, The Gerontologist, 24, 4, pp. 387-391.

Brevik, Ivar (1982): Behov for hjelp og stötte i hverdagen, Notat 125, Norsk Institutt for By-og Regionforskning, Oslo.

Brody, Elaine M. et. al. (1979): Three Generations of Women: Comparisons of Attitudes and Preferences for Service Providers, Paper presented at 32nd Annual Meeting of the Gerontological Society, Washington D.C., Nov. 25-29.

Cavan, Ruth S. (1949): Family Life and Family Substitutes in Old Age, American Sociological Review, XIV, pp. 71-83.

Cheal, David J. (1983): Intergenerational Family Transfers, Journal of Marriage and the Family, pp. 805-813.

Crystal, Stephen (1982): America's Old Age Crisis, Basic Books, New York.

Daatland, Svein Olav (1983), Use of Public Services for the Aged and the Role of the Family, The Gerontologist, Vol. 23, No. 6, PP. 650-656.

Daatland, Svein Olav & Sundström, Gerdt (1985): Gammal i Norden (Old Age in the Nordic Countries), Nordic Council of Ministers, Stockholm.

Equal Opportunities Commission (1982): Caring for the elderly and handicapped: Community care policies and women's lives, Manchester.

Eversley, David (1982): Some new aspects of aging in Britain, in Aging and the Life Course in a Cross-Cultural and Interdisciplinary Perspective, ed. by Tamara K. Hareven, Guildford Press, New York.

Fillenbaum, Gerda G. & Laurence M. Wallman (1984): Change in Household Composition of the Aged: A Preliminary Investigation, Journal of Gerontology, Vol. 39., No. 3., pp. 342-349.

Gaunt, David (1978): Household Typology: Problems, Methods, Results, in Chance and Change, Odense University Press, Odense.

Gaunt, Louise (1985): Housing the Extended Family in Sweden, in Housing Needs and Policy Approaches; International Perspectives, ed. by W. Uhet et. al., Durham, N.C., in press.

Gaunt, Louise & David Gaunt (1985): The Family in Scandinavia, in Histoire de la Famille, Tome 3, ed. by C. Kalapisch et. al., Librairie Armand Colin, Paris, in press.

Gratton, Brian (1983): Labor Markets and Old Ladies' Homes, in Older Women: issues and prospects, ed. by Elizabeth W. Markson, Lexington Books, Lexington, Mass.

Haavio-Mannila, Elina (1983): Caregiving in the Welfare State, Acta Sociologica Vol. 26., No. 1., pp. 61-82.

Horowitz, Amy & Shindelman, Lois W. (1980): Social and economic incentives for family caregivers, The Brookdale Center on Aging of Hunter College, New York, mimeo.

Hunt, Audrey (1970): The Home Help Service in England and Wales, HMSO, London.

Hunt, Audrey (1978): The elderly at home, Office of Population Censuses and Surveys, HMSO, London.

Hörl, Josef (1983): Alter und Hilfe, Beziehungen alter Menschen zu Familie and Bürokratie, Universität Wien, Soziologie, Diss.

Innovative Aging Programs Abroad: Implications for the United States, ed. by Charlotte Nusberg with Mary Jo Gibson and Sheila Peace, Greenwood Press, Westport, Connecticut.

Johansen, Hans Christian (1984): De aeldres boligforhold og familie-relationer i det förindustrielle samfund, anförande vid Nordiska kongressen i gerontologi.

Kahn, Alfred J. & Kamerman, Sheila B. (1976): Social Services in International Perspective, U.S. Department of Health, Education, and Welfare, Washington D. C.

Lange, Ulrich (1973): Der Einfluss der Pflegebedürftigkeit chronisch kranker älterer Menschen auf die Familiensituation im Mehrgenerationenhaushalt Eine sozialempirische Studie im Stadtgebiet Köln, Institut für Sozialforschung und Gesellschaftspolitik, Köln.

Litwak, Eugene et. al. (1981): The Modified Extended Family, Social Networks, and Research Continuities in Aging, Center for the Social Sciences & School of Social Work, Columbia University.

Myrdal, Alva & Gunnar Myrdal (1934): Kris i befolkningsfrågan, Stockholm.

Newman, Sandra J. (1980): Government Policy and the Living Arrangements of the Elderly, Home Health Care Services Quarterly, Vol. 1 (4), Winter pp. 59-71.

Nissel, Muriel & Bonnerjea, Lucy (1982): Family Care of the Handicapped Elderly: Who Pays?, Policy Studies Institute, London.

Noelker, Linda (1984): Family Care of Elder Relatives: The Inpact of Policy and Programs, Paper for the "Working Conference on Families", Excelsior, Minnesota, Sept. 10-12.

Nordhus, Inger (1982): Gammel og avhengig?, Psykologiska institutionen, Bergens universitet, manuscript.

Platz, Merete (1981): De aeldres levevilkår 1977, Socialforskninginstituttet, Copenhagen.

SCB (1984): Hushållens förmögenheter årsskiftet 1981/82. Förändringar mellan 1978 och 1981, Levnadsförhållanden 39, SOS, Liber, Stockholm.

Samuelsson, Gillis & Sundström, Gerdt (1985): Ending One's Life in a Nursing Home: A Note on Swedish Findings, manuscript.

Schorr, Alvin L. (1968): Explorations in Social Policy, Basic Books, New York.

Schorr, Alvin L. (1980): '...thy father & thy mother...' a second look at filial responsibility and family policy, U.S. Department of Health and Human Services, Social Security Administration.

Sheldon, J. H. (1948): The Social Medicine of Old Age, London.

Skoglund, Anne-Marie (1984): Det var inte bättre förr! En jämförande studie av de äldres levnadsförhållanden i Stockholm 1954 och 1976, Rapport i socialt arbete 16, Socialhögskolan i Stockholm.

Socialstyrelsen (1983): Patienter på bäddavdelningar i åldringsvårdsanstalter och hälsovardscentralsjukhus, publikation No. 5, Helsinki.

Smith, Daniel Scott (1984): Modernization and the family structure of the elderly in the United States, Zeitschrift für Gerontology 17: 13-17.

Spri (1974): Hemsjukvård-sjukhemsvård, Spri-rapport 17/74, Stockholm

Sundström, Gerdt (1982): Gamla som bor tillsammans med sina barnett alternativ till samhällsomsorg?, Rapport till Delegationen för social forskning, Socialdepartementet.

Sundström, Gerdt (1983): Caring for the Aged in Welfare Society, Stockholm Studies in Social Work. 1, Liber, Stockholm.

Sundström, Gerdt (1984 a): Hur nära? Avstånd och närhet i svenska familjer, HSB:s Riksförbund och Socialhögskolan, Stockholm, stencil.

Sundström, Gerdt (1984 b): 100 years of co-residence between the generations, Rapport till Statens råd för byggnadsforskning.

Sundström, Gerdt (1984 c): De gamla, deras anhöriga och hemtjänsten. En studie av gränslandet mellan informell och formell omsorg, Rapport i socialt arbete 22, School of Social Work, University of Stockholm.

Sundström, Gerdt (1985): Intergenerational Mobility and Relationship Between Generations. Adults and Their Aging Parents in Sweden, manuscript.

Tinker, Anthea (1980): Housing the elderly near relatives: moving and other options, Department of the Enviroment, HDD Occasional Paper 1, HMSO, London.

Tornstam, Lars (1983): Kunskaper och okunskaper om äldre, Projektet Äldre i samhället - förr, nu och i framtiden, Uppsala.

Townsend, Peter (1962): The Last Refuge, London.

Townsend, Peter (1965): The Effects of FAmily Structure on the Likelihood of Admission to an Institution in Old Age: the Application of a General Theory, in Social Structure and the Family, ed. by Ethel Shanas & Gordon F. Streib, Englewood Cliffs, New Jersey.

Vicente, Leticia, Wiley, James A. & R. Allen Carrington (1979): The Risk of Institutionalization Before Death, The Gerontologist, Vol. 19, No. 9, pp. 361-367.

Xia, Ma (1984): An Analysis on the Size of Family Household and Family Structure in China, Paper for International Seminar on China's 1982 Population Census, March 26-31, Beijing, China

Waerness, Kari (1983): Of hva nar vi blir gamle? Om velferdsulikheter mellom menn og kvinner i alderdommen, Arbeidsnotat til RRSP-prosjektet Familien og Sosialpolitikken, Dept. of Sociology, University of Bergen, mimeo.

Zetterberg, Hans (1979): Maturing of the Swedish Welfare State, Public Opinion Quarterly, Oct.-Nov. pp. 42-.

Appendix

Variables of discriminant analysis of the use of home help among the aged in Stockholm 1976/77.

Home Help	Has home help = 1 Has no home help = 0		
Age	Coded in 5-year classes from the age of 65		
Physical Health	Index based on 6 items:		
	Has/has no illness/handicap		0/1
	Needed care last year due to illness?	Yes/No	0/1
	Making walks at least weekly	Yes/No	1/0
	Impaired sight	Yes/No	0/1
	Impaired hearing	Yes/No	0/1
	Manages shopping	Yes/No	1/0
Mental Health	Index based on 3 items:		
	Mental troubles/illness	Yes/No	0/1
	Nervous sysptoms	Yes/No	0/1
	Problems with night sleep	Yes/No	0/1
Marital Status	Not married = 0 Married = 1		
Someone else in Household	Not counting spouse for the married	Yes/No	1/0
Informal Help	Receives/does not receive help with household tasks by family.	Yes/No	1/0
Contact Relatives	Less than weekly/More often (in person or by telephone)		0/1
Contact Friends	As above, but only friends in neighborhood or in Stockholm else		0/1
Contact Neighbors	No visits or service exchange with neighbors/ Has either		0/1
Has Children	Childless = 0 Has child(ren) = 1		
Education	Elementary education only = 0 Higher education = 1		

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